HAMILTON POLICE CITIZENS POLICE ACADEMY

 Application for Enrollment

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work/cell phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to attend the Citizens Police Academy?

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How did you hear about the Citizens Police Academy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the Hamilton Police Department to conduct a background check to obtain any information to my criminal history record for the purpose of making a determination of eligibility to participate in the Citizens Police Academy.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail completed form to: Sgt. Stephen Walsh

 Hamilton Police Department

 265 Bay Road

 Hamilton, MA 01982

For Questions, Please call the Hamilton Police Department at 978-468-1212 or fax your application to 978-468-1313. You can also e-mail Sgt. Walsh at SWALSH@HAMILTONMA.GOV.

**Waiver**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge that I have completed the above information fully and accurately. I understand and give permission for the Hamilton Police Department to conduct a background investigation to determine my suitability for admission to this program. Further, in consideration of the opportunity to participate in the Hamilton Police Department Citizens Police Academy, including the opportunity to ride with a police officer while on patrol, I do hereby release the Hamilton Police Department, the Town of Hamilton, and any employees, agents, officials or representative of the Hamilton Police Department and the Town of Hamilton of any liability for any and all claims which I may have as a result of my participation in the Citizens Police Academy and all activities related hereto; I further acknowledge that participation in the program may expose me or my property to risks or happenings encountered by police officers in the Town of Hamilton while in the performance of their duties. I therefore enter into this program assuming all risks of injury to my person or property arising from my participation in this program, and in this regard assume and agree to pay all medical costs or property damage costs occasioned thereby, releasing the Town of Hamilton, the Hamilton Police Department and its employees from and against all claims, damages, injuries or causes of action which I, my heirs, executors or administrators may have herein.

In witnesses whereof, I have hereunto set my hand this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 2019

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 For Police Department use only. Accepted [ ] Class # [ ] Denied [ ]

**Background Investigation Disqualifier**

All Citizens Police Academy applicants are subjected to a background check. Applicants may be denied admission to the academy for the following reasons:

The applicant has been convicted or adjudicated a youthful offender or delinquent child, in a court of the commonwealth, the court of another state, or federal court for the commission of:

 1. A Felony;

 2. A violent crime;

 3. A misdemeanor within the last five years;

 4. A violation of any law regulating firearms for which a term of imprisonment may be imposed;

 5. A violation of any law regulating controlled substances.

Applications will be denied if:

1. The applicant is currently subject to a protective order issued under Massachusetts General Law Chapter 209A or a similar order issued by another jurisdiction;

 2. The applicant is currently subject of an outstanding warrant in any state or federal jurisdiction;

 3. The applicant is currently the subject of an open criminal prosecution or investigation;

4. The applicant has had such contact with the police or other agencies that they may be deemed an unsuitable person.

Applicants who have passed the background check and been accepted to the academy may, at the discretion of the Chief of Police or his designee, be suspended or removed from the academy if the status of the participant changes and any of the listed criteria for exclusion are met while the academy is in progress. No applicant after having been accepted to the Citizens Police Academy enjoys any rights to participate in any aspect of the academy. The Chief of Police or his designee may exclude any participants from involvement in any particular activity based upon safety, health or other reasons.